

County of Los Angeles – Department of Mental Health
SA 4 Program Administration

SA 4
CHILD AND ADULT
INTEGRATED QUALITY IMPROVEMENT COMMITTEE

Agenda

April 15, 2014

10:30 AM – 12:00 PM

- I. Welcome & Introductions** **10:30 AM**
- II. Review of the Minutes- January Meeting**
- III. Announcement**
- IV. QI**
- **MHSIP Survey Training, SA QIC Project Update, QI Handbook & Policy 105.1**
 - **SA QIC Project on Family Engagement & Inclusion for Adults**
 - **Clinical Quality Improvement (OMD Report)**
 - **Cultural Competency Update**
 - **Patients Right Office (PRO)**
 - **Policy Update – Office of Compliance**
 - **EQRO Review**
 - **Annual QI Work Plan and Evaluation Report**
- V. QA**
- **Announcements**
 - **Audits/Reviews**
 - **State DHCS Updates**
 - **Documentation Trainings**
 - **IBHIS Update**
 - **Program Review/Certification**
 - **QA Technical Assistance**
 - **Health Information management (HIM)**
 -
- VI. Presentation: Mental Health Service Improvement Project (MHSIP) Survey Training. By: Dr. Timothy Beyer DMH/Quality Improvement**
- VII. COMMENTS** **11:55 AM**

Next meeting: April 15, 2014
St. Anne's Maternity Home
155 N. Occidental Blvd. /Classroom
LA, CA 90026
(213) 381-2931



LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

SA 4 QIC Minutes

Type of Meeting	QIC	Date	April 15, 2014
Place	St. Anne's Maternity Home, 155 North Occidental Blvd., Los Angeles 90026	Start Time	10:30 a.m.
Co-Chairs	Alyssa Bray	Adjournment	Noon
Members Present	Kanisha McReynolds, Reyna Larios and Christina Andrade at Amanecer; Silvia Yan & Juna Chung at APCTC; Nahara Martinez at CHCADA; Christina Kubojiri at CII; Barbara Meyer at DMH/MAT; Nahed Guirguis at DMHC; Michelle Hernandez at ENKI; Charlotte Bautista at Gateways Community MHC; Robert Perez & Kate Lavelle at Hathaway-Sycamores; Jannelle Gonzales at Hollygrove/EMQ; Jacquelyn Christenson & Socorro Gertmerian at LA Child Guidance Center; Candace Benton At LAMP; Erica Melborne at SSG Project 180; Phrong Tang at SSG-Alliance; Jacqueline Preston Opatik & Reza Khosrowabadi at St. Anne's Maternity Home; Robert Garcia at Star View; Martha Arechiga and Nicole Nunez at Telecare Corp.; Dustin Schiada & Rafael Montoya at VIP; Tim Beyer at DMH/QI; Marylouise Barrosniska at DMH/EOB; Kary To at DMH Administration; Emmalyn Tanizawa at DMH/QA; Anh Tran at DMH; Phachara Suyrapanya at Aviva.		
Absent Members	AIDS Project LA, BHS, Children's Bureau, CHLA, Didi Hirsch, Eisner Pediatric, El Centro Del Pueblo, Gateways Hospital, Hillside, IMCES, JFS, KYCC, LAC-USC Medical Center, LA Gay & Lesbian, Pacific Clinics, Para Los Ninos, The Saban Free Clinic, Travelers Aid Society of LA, UAIL, DMH/PRO, DMH/OMD.		
Introductions	Done		
Minutes Approval	Approved		
Announcements	Done		

QUALITY IMPROVEMENT

<u>Agenda Item & Presenter</u> <u>QI</u> <u>Announcements</u>	<u>Findings and Discussion</u>	Decisions/ and Recommendations/ Scheduled <u>Task</u>	<u>Responsible Person/Due Date</u>
SA QIC Projects	<p>There will be a countywide project involving Helena Ditko's Family Engagement Training. District Chiefs want to do this as a QIC Project, and they are presenting this idea to Program Heads. They are looking to obtain a baseline through a Likert scale survey regarding knowledge and practices in regards to family engagement before the training, and then again after the training. Although all Providers will receive the training, the surveys will be administered to Adult Providers only.</p>		
QI Policy 105.1	<p>Needs to be updated. The QID (Quality Improvement Department) is working on revising this policy – mostly language. There are a few small changes other than language, but not many.</p>		

OMD – FYI	<p>There is mental health information on the DPH website. They are still finishing the parameters – more to come. Risk Management is moving forward with Incident Reports. Contractors will need to use their tokens to submit these since they are highly confidential (although tokens are going away with IBHIS, so they're not sure how things will be once everything shifts to IBHIS). Level 1 (Directly Operated only) Policy being worked on about reporting people who have something come up against their licenses.</p>		
CCC	<p>They have created six work groups: Writing (revising mission and goals), Outreach and Presentations, Data, Training, Alignment, LGBTQ. Next CCC meeting on May 14th, 1:30 to 3:30 at 550 S. Vermont, 10th floor conference room. Next LGBTQ meeting April 23rd (and the 4th Wednesday of every month) at 695 S. Vermont, 15th floor small conference room. At the April 23rd meeting they will be electing a second Co-Chair and work on refining the goals and objectives of the group. All are encouraged to attend.</p>		

PRO – QI & QA	<p>Departments have found that they are having problems with the warehouse being able to supply all the paperwork needed by Providers (e.g., beneficiary packets). The printer is not able to fill all the orders from Providers – less than ¼ of them can be filled. They are trying to find a way to get their orders to them, and are moving towards papers stapled together rather than booklets. They are also looking at Providers picking them up. QA is aware of this as well. PRO has been out of compliance for three audit years (which is nine true years). DMH is supposed to provide envelopes to Providers, too. Providers can print the beneficiary packets themselves, and the Provider Directory must be printed by Providers off the web-site, too. Providers must be in compliance by providing all these materials to clients – and this is required. DMH is working on trying to provide more of these materials to the Providers.</p>		
Network of Care	<p>Reminder to continue to look at the website and request updates as needed to keep your agency information current.</p>		
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Policy Updates	Please see handout provided.		
EQRO Review	Is currently happening. QID have revamped the Work Plan Goals. New goals will be sent to everyone. We will look to have the Cultural Competency Committee present during our Service Area QIC meeting.		
LACCC Conference	Announcement was made and fliers were sent to everyone regarding the 3 rd Annual Innovations in Recovery Conference – Client/Consumer Perspective presented by the LA County Client Coalition. It is being held on June 23, 2014 from 8am to 4pm at The California Endowment. For information, please contact Betty Dandino (626) 688-3601.		

QUALITY ASSURANCE

<u>Agenda Item And Presenter</u>	<u>Findings and Discussion</u>	<u>Decisions/ and Recommendations Actions/Scheduled Task</u>	<u>Responsible Person/Due Date</u>
DHCS Updates	<p>To have students entering the field as LPCCs provide services at your agency (contractors only), there must be an MOU (memo of understanding), a formal agreement in writing to show for recertification. NOA-A's (when clients are found to not meet medical necessity at intake) must be done when any type of evaluation/assessment/screening is done that shows a lack of medical necessity and results in a denial of services. It does not have to involve the Initial Assessment document, any type of evaluation/screening/assessment that results in a denial of services must be followed up with an NOA-A. DHCS describes and explains PERM audits – which they have nothing to do with your agency, it is about the Feds needing to provide a report about how Medi-Cal/Medicaid programs are going. They will look at one or two charts – and findings will be part of a general report – not agency specific.</p>		

<u>Agenda Item And Presenter</u>	<u>Findings and Discussion</u>	<u>Decisions/ and Recommendations Actions/Scheduled Task</u>	<u>Responsible Person/Due Date</u>
Trainings	Bring copies of Power Points to the trainings being offered by DMH. DMH will not be providing copies for everyone, only a small percentage. Eventually they will expect everyone to print out the Power Points ahead of time. Question: Will the Power Points be emailed to registered attendees ahead of time? Or will they be online to print? These questions have been posed to the QA Department. The answer will be provided once it is received.		
IBHIS Updates	IBHIS Addendum to Procedure Codes is online in an Excel format (all the modifiers and disciplines). They are continuing to move forward with Directly Operated rollouts - #4 is scheduled for May 5 th . Two Contractors are rolled out so far. They are getting ready for more Contractor rollouts in July.		

Satellites	<p>Criteria for a site to be considered a Satellite Site include having less than 20 hours of billing per week happening at that site. Additionally, at a multi-agency site (e.g. DCFS, Probation, a school, etc.), you can have up to two staff providing services with no cap on their hours (both staff working 40+ hours a week is fine), and that would qualify as a satellite site. DMH is going to be putting this in writing and disseminating it through the QA meeting and through an email to District Chiefs. Any more staff than two at a multi-agency site, then it would be considered a separate program. But using these criteria, having two staff at 40 hours a week at a school would qualify as a satellite site.</p>		
Service Request Tracking System	<p>(SRTS) and Service Request Log – QA is working on a bulletin on what each is for and how they're used, it should come out in a couple of weeks. Providers will have to electronically capture the information from the Service Request Log. All of this information will need to be able to be captured – especially when it gets referred out (SRTS requires the same information as the Service Request Log). Questions on the use of the SRTS can be sent to SRTS@dmh.lacounty.gov. Having the data elements in your own EHRS is fine <u>until</u> a referral is needed to be made to another agency – then it must be entered into the SRTS and referrals are made through the SRTS.</p>		

Organizational Providers Manual	QA has completed drafts of Chapter 1 and 2. Policy 104.09 has been given to Robin Kay for signature. In Chapter 1, the key changes include providing a list of resource documents that were used for the manual, Medi-Cal reimbursement rules, and they tried to make it as clear as possible. There are big changes under general documentation rules. The date, signature, type of degree, and relevant ID# (license # usually) must be on all documentation in the client record – not just the progress notes, but all clinical documentation. They added a section on the Clinical Loop, and re-created the Assessment and Treatment Plan to make it clear and more consistent. The Client Treatment Plan guidelines should be read through carefully, including the requirements around the client's signature. Chapter 2 goes over service components. It focuses on what service components are reimbursable – not on which procedure codes are reimbursable.		
QA Protocols	Regarding how charts are reviewed/internally audited – percentages, frequency, how CAPs are incorporated into procedures, etc., will need to be provided to LACDMH QA Department from all Contractors soon. Contractors will be notified when QA will be requiring them.		
ICD 10 and DSMV	ICD 10 implementation is delayed until 2015. However, LACDMH is discussing with the State about DSM V implementation. DMH wants to implement DSM V as soon as possible. They are hoping for December 2014, but don't know what will happen yet. They will keep us posted.		

<p>Proposed Changes to State Protocol for Chart Review</p>	<p>Counties shared their displeasure regarding the State System Review Protocol, about it being all-or-nothing, either in compliance or out of compliance. If there is only one item wrong/missing out of a very long list, they are considered out of compliance, and there is no way for CMS (the Feds) to know how much they were out of compliance (if it was one item or 300 items). Counties have been looking at the questions – especially bundled questions covering many items in one question. They are preparing a document to present to the State, and for the State to present to the Feds, that makes suggestions such as rather than having it be all-or-nothing, perhaps they could have a Likert scale, or percentages or something similar. This is a huge task because there are so many items to break down.</p>		
<p>Health Information Management (HIM)</p>	<p>Whenever copies are made of chart items for a third party (even client requests), you must include the signed declaration (found in Appendix 25 of the Clinical Records Manual). It is State Law that this signed declaration must accompany all copies from client charts to lawyers, courts, etc. It is best to get into the practice of providing this declaration for everybody.</p>		

Presentation By:
Dr. Vandana Joshi
& Dr. Tim Beyer
DMH/QI

MHSIP Trainings – Dr. Tim Beyer and Dr. Vandana Joshi provided training on administering the MHSIP surveys, and a limited number of surveys were available for providers to take back to their agencies. LACDMH will not be scanning the data this time, as the notice from the State was too last minute. Providers will need to handwrite the information on the forms this time, as they are not PDF forms. The sample size is down to 15% (5000 countywide). For Providers who were selected, only administer the surveys to the population noted on the random sample Provider list. The County Code is 19. Tally sheets are required to be completed by the Providers this time, and they are being provided as part of the training and also posted on the website.

Next Meeting: Tuesday, May 20, 2014

St. Anne's Maternity Home
155 N. Occidental Blvd.
Los Angeles, CA 90027

Respectfully submitted,


Alyssa Bray, LMT, Chair


Anahid Assatourian, Psy.D. Co-Chair

